COUNTY OF SAN DIEGO
VOLUNTEER REPORT FORM
PERIOD JULY 1, 2003 - JUNE 30, 2004

1. **DEPARTMENT/COURT INFORMATION:**

   Department/Court: HHSA _____

   Division/Unit:CommunityEpidemiology _____ reporting _____ to _____ Jeff _____ Johnson

2. **VOLUNTEER PROGRAM BENEFITS:**

   a. GENERAL VOLUNTEERS (this section should include community volunteer, student intern, groups, corporations, etc.)

No. Vol. 2	Hours 160	x $17.19	= 2750.40

   Types of work performed by GENERAL VOLUNTEERS in this category:

   Data analysis, report generation, special study projects, data entry. _____

   b. INSTITUTIONAL VOLUNTEERS (this section should include court referrals, honor camp inmates, PIC/RETC, GAIN, etc.)

No. Vol. ____	Hours ____	x $ 17.19	= ____

   Types of work performed by INSTITUTIONAL VOLUNTEERS in this category:

   _____

   _____

   c. SPECIALIZED VOLUNTEERS (this section should include utilization of Special Volunteers in positions requiring specific skills and/or expertise levels, for example, an attorney, physician, sports figure or celebrity). These specialized positions have verifiable compensation levels (VCL). If you have such a volunteer, please indicate the position, hours and compensation level below.

Position	Hours	x	VCL	=	Dollar Benefit
_____	____	x	_____	=	$_____

No. Vol _____	Total Hours _____	Total Value $_____

   Types of work performed by SPECIALIZED VOLUNTEERS in this category:

   _____

00001b3

d.   TOTALS OF DEPARTMENT VOLUNTEERS (from above):

No. of Volunteers	Hours	Dollar Benefit
2a: 2	variable	$
2b:		$
2c:		$
TOTALS:		$

3.   **DONATIONS TO VOLUNTEER PROGRAM:**

Please list all donations to the department's Volunteer Program including <u>monetary</u> donations and <u>tangible/intangible</u> items. Items such as computers, air time, transportation, books, etc. Please assign a fair market value to each and add to the total value of the donations section.

Item Donated	Value	Item Donated	Value
	$		$
	$		$
		TOTAL VALUE $	

4.   **VOLUNTEER PROGRAM COSTS:**

a.   Cost of direct supervision of volunteers (total hours of direct supervision times hourly rate of staff person(s) <u>directly supervising</u> program volunteers.

Hours ___8___ x Rate $___37.00___ $___296.00___

b.   Cost of program coordination (total hours of program coordination times hourly rate of coordinator(s)). This section should include coordination of staff, compiling statistics, job description preparation, volunteer placements and recognition, etc.

Hours ___2___ x Rate $___37.00___ $___74.00___

3

c.   Other program costs (volunteer training materials/supplies, recognition costs, etc.):

Item	Cost

TOTAL OF OTHER PROGRAM COSTS   = $ _____

d. TOTAL OF VOLUNTEER PROGRAM COST   = $ _____370.00
   (add 4a, 4b, and 4c)

5.   NET BENEFIT TO DEPARTMENT FROM VOLUNTEER PROGRAM:

a. Total Dollar Benefits of Volunteers, Item 2d (Page 2) $__2750.4

b. Total of Donations to Volunteer Program, Item 3 (Page 2) $

          ADD a + b $

c.   Subtract Total of Volunteer Program Costs, Item 4d (Page 3)   ($370.00

_)

TOTAL PROGRAM BENEFIT $_____2380.4

6. **RECRUITING:**

Please describe your recruiting programs:

Affiliation with SDSU. Each year students approach us for opportunities to perform a student interns.

_____

_____

7. **SPECIAL VOLUNTEER PROGRAM ACTIVITIES/ACHIEVEMENTS:**

Please describe any special activities and/or achievements your program was involved in during the period of this report:

_____

_____

_____

8. **VOLUNTEER PROGRAM GOALS FOR FISCAL YEAR 2004-05:**
Please describe your program goals. Include activities, number of volunteers, recruitment, training, recognition and other goals:

_____

_____

_____

9. **GENERAL INFORMATION**

Name of Person Completing Report:_____ Jeffrey Johnson

Phone Number:__619-531-4945_____Mail Stop___P511C-A_____ E-Mail
Jeffrey.Johnson@sdcounty.ca.gov

Volunteer Coordinator:

Phone Number:_____ ___ Mail Stop_____ E-Mail

10. **DEPARTMENT CERTIFICATION:**

M Amberg MP
_____
DEPARTMENT HEAD SIGNATURE   DATE 7/7/04